## MUSCOGEE (CREEK) NATION OFFICE OF THE ATTORNEY GENERAL

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## **INTAKE FORM**

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

\*\*\*Please present a copy of your Citizenship Card upon return of this Intake Form\*\*\*

Please place a check by the type of case you need assistance with:

•	, ,,	•						
VILL: GUARDIANSHI		HIP:	POWER OF A	TTORNEY:				
WILL THIS CASE BE	CONTESTED?	(check one):	YES	NO				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO								
DATE:		COUNTY OF I	RESIDENCE:					
ROLL #:		DATE	DATE OF BIRTH:					
NAME:								
NAME:Last		First		MI				
ADDRESS:								
ADDRESS:Stree	et/P.O. Box	City	State	Zip				
E-MAIL ADDRESS:_								
ARE THERE ANY PARTIES INVOLVED? (Examples: Child(ren), Attorney(s), Parents, etc. This should involve parties on either side of your issue.)								
ROLL #: PARTY: ADDRESS:		RELATIONSH	IP:PHONE	DOB:				
				DOB:				
ROLL #: PARTY: ADDRESS:		RELATIONSH	IP:PHONE	DOB:				

ROLL #: PARTY: ADDRESS:	_RELATIONSHIP:	_PHONE:	_DOB:					
ROLL #: PARTY: ADDRESS:								
BRIEFLY EXPLAIN WHAT YOU NEED ADVICE ABOUT OR ASSISTANCE WITH:								
<u> </u>	FOR OFFICE USE C	NLY						
Date Assigned:								
Individual Assigned to Case:								